POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	YO, MIL		
O.I.P.E. CLASSIFIER		5	8-06-01
FORMALITY REVIEW	TA	TCRYY	Dr Dv 131
RESPONSE FORMALITY REVIEW			10310310

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	l	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

<u>v</u>	÷	Restricted	0	Ot	pjected
Claim	Date	Claim	Date	Claim	Date
Final C Driginal C 1/1/03		Final		Final Original	
		51			
2,/		52	 	101	
3 1		53		102 103	
4		54	 	104	
5 🗸		55	 - - - - - 	105	
6 7		56	 	106	
7/		57		107	
8 🗸		58	 	108	
9 🗸		59	++++++	109	-
7001		60	 	110	
11/		61		111	
12 🗸		62	 	112	
13 V		63	 	113	-
14/	~ 	64	┤╸┤╶╎╶╎╶ ┤	114	
15		65		115	-
16		66	 - - - - 	116	
17 1/		67	+ 	117	
18		68		118	
19		69		119	
20		70		120	
21		71			
22		72		121	
23		73	 	122	
24		74		123	
25		75	 	124	
26		76	++++	125	
27	- 	77	 	126	
28	- - - 	78	 	127	
29	- 	79	 	128	-
30		80	 	-	
31		81		130	
32	- - - - 	82		131	
33	- - - - - - 	83	╁┼┽╾┼┼┼┼┼	-	
34		84		133	
35		85	+	134	
36	 	86	 	136	-
37		87	 	137	
38	- - - - - - - - - - 	88			
39	- 	89	╅	138 139	
40	+++++	90	 		
 			 	140	
41 42	- - - - - - - - - - 	91	 	141	
43	 	92	+++++	142	
44	- - - - - - - - - - - - - - - - - - - 	93	+++++	143	- - - - - - - - - - - - - - - - - - -
45		, 94	+ + + + + + + -	144	
46	- 	95	+ + + + + + + + + + + + + + + + + + + +	145	
46	- - - 	96	+ + + + + + + + + + + + + + + + + + + +	146	- - - - - - -
48		97	 	147	
49	- 	98	 	148	
50	- 	99	 	149	
190		100		150	

If more than 150 claims or 10 actions staple additional sheet here

BEST AVAILABLE COPY